



Behaviour Maintenance Intervention Framework

A field Guide for Programme Managers to initiate, facilitate and manage Behaviour Maintenance Activities



Behaviour Maintenance Intervention Strategy

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Foreword/Acknowledgement

The development and production of the Behaviour Maintenance strategy for the Promoting Sexual and Reproductive Health and HIV/AIDS Reduction in Nigeria (PSRHH) is a boost to the overall HIV & AIDS response in Nigeria as it concisely outlines achievable ways of sustaining HIV & AIDS outcomes among high risk populations. Most community-level HIV & AIDS interventions lack the framework for ensuring community ownership, sustainability and ways of preventing relapse in behaviour. This Strategy comes in handy as it fills these gaps by outlining steps taken in addressing similar challenges in the PSRHH programme.

It gives details of the key issues and adaptable steps in a straight forward manner. The strategy simplifies the “PSRHH technical terms” used in the strategy document user-friendly can be easily understood by both development workers and community members. It is a tool that will help managers of HIV & AIDS community-level interventions at all level interpret and implement sustainable behaviour change activities among high risk populations.

The practical suggestions and management guidance provided will aid implementation of programmes that are sustainable, people-oriented and cost-effective among most at risk communities. It will assist programmes to prioritize impact among any group with an empirical approach and importantly keep the communities safe, healthy and productive.

We acknowledge the contributions of the members of the PSRHH Team of Action Aid Nigeria and the BCC Department of Society for Family Health (SFH) in documenting the Behaviour Maintenance Strategy.

Finally we acknowledge the invaluable support of the British Department for International Development (DFID), without which publishing this book would have been a difficult task.

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Abbreviations

AAN	-	Action Aid Nigeria
BM	-	Behaviour Maintenance
CBOs	-	Community Based Organizations
CSO	-	Civil Society Organizations
DCDPA	-	Department of Community Development and Population Activities
DFID	-	Department for International Development
FP	-	Family Planning
LACA	-	Local Action Committee on AIDS
MARP	-	Most at Risk Persons
MCH	-	Maternal and Child Health
NACA	-	National Action Committee on AIDS
NGOs	-	Non Governmental Organizations
OSY	-	Out of School Youth
PSI	-	Population Services International
PSRHH	-	Promoting Sexual and Reproductive Health and HIV Reduction in Nigeria
PE	-	Peer Educator
PEP	-	Peer Education Plus Model
PM&E	-	Planning Monitoring and Evaluation
RFP	-	Request for Proposals
RSH	-	Reproductive and Sexual Health
SACA	-	State Action Committee on AIDS
SFH	-	Society for Family Health
STI	-	Sexually Transmitted Infection
TM	-	Transport men
USAID	-	United States Agency for International Development
USM	-	Uniform Service Men
WWI	-	Working With Influencers
ZM	-	Zonal Manager
ZPA	-	Zonal Program Advisor

1.0 INTRODUCTION

Owing to the impact of HIV/AIDS on households/communities and the need for concerted multi-sectoral prevention and mitigation strategies to combat the epidemic in Nigeria, the PSRHH intervention using the Peer Education Plus (PEP) model as an evidence-based, theory driven and cost-effective approach to HIV programming was developed and implemented in Nigeria. It was implemented through a quasi-experiment involving a total of 26 sites spread throughout the country. PEP as designed has engaged 'most at risk populations (MARPS) with the aim of ensuring positive behaviour change. The PEP model is centered on the traditional peer education and its integration of other elements (such as the engagement with influencers, formation and nurturing of community based organizations) into a single unified programme that makes the PEP model a veritable tool in ensuring behaviour change.

Using the PEP model, intensive 12 months interventions targeting specific most-at-risk groups including female sex workers, out-of-school youths (Male and Females), uniformed service members, and transport workers was facilitated. PEP also allows for differences in communities and sites dynamics. The behaviour maintenance activities are intended to sustain the gains of the behaviour change inventions in the areas of safer sex practices, increase knowledge about HIV/STIs, and community support for HIV & AIDS risk reduction and promote the acquisition of risk-reduction behavioural skills and enhanced self-esteem.

2.0 PSRHH PROGRAMME

Promoting Sexual and Reproductive Health for HIV/AIDS Reduction (PSRHH) in Nigeria is a 7 year partnership programme between the Federal Government of Nigeria, the British Department for International Development (DFID) and the United States Agency for International Development (USAID). The programme is aimed at supporting major initiatives for improving the health of the Nigerian population. The programme, which is being managed by Population Services International (PSI), is supporting the Nigerian Government's response to reduce HIV/AIDS being coordinated by the National Agency for the Control of AIDS (NACA) and Nigeria Response to Reproductive Health coordinated by Department of Community Development and Population Activities of the Federal Ministry of Health. PSI is an international non-profit organization and is implementing the PSRHH programme in partnership with Society for Family Health (SFH), ActionAid Nigeria and Crown Agents. The goal of the PSRHH programme is to "improve Sexual and Reproductive Health among poor and vulnerable populations in Nigeria". Its success will be measured through the achievement of its purpose: "to increase behaviors conducive to sexual and reproductive health among poor and vulnerable populations in Nigeria".

At the community level the PSRHH programme focuses on different target groups which are: Most at Risk Females-Female sex workers, Female Out-of-school youths, Most at Risk Males - Male Out-of-school youths, Transport workers and their assistants (Long Distant truck Drivers, Taxi drivers, inter-city bus and car drivers and Okada riders), Men in uniformed services (especially the Military and the Police in Nigeria) and the General Population (GP). In achieving the PSRHH outputs, PSRHH is committed to partnering with CSOs, CSO networks and coalitions in carrying out its work as spelt out in the community level behavior change strategy. Consequently, the PSRHH programme is developing way of ensuring greater participation and ownership of the programme by the target communities (beneficiaries) after the initial intensive intervention phase. One of these strategies is the engagement of the target group within or across sites in a way that will facilitate the emergence of local CBOs to take over the programme eventually. The sustenance of behaviour among the various targets groups is also crucial in this context.

2.1 Rationale for Behaviour Maintenance

In achieving its outputs, PSRHH is committed to partnering with CSOs in sustaining the positive behaviour change achieved among the above target groups by working through their various community based organizations (CBOs) as well as facilitating the CBOs' organizational, institutional and programme skills development using the behaviour maintenance interventions. The BM activities are to sustain the achievements of the intensive intervention phase by ensuring that positive sexual and reproductive health behaviours are reinforced and community support systems for such behaviours are promoted.

2.2 The Concept and Strategy of Behaviour Maintenance In PSRHH

The PSRHH (Make We Talk) programme commences with a pre intensive stage followed by an intensive intervention phase of the programme, a phase down process when incentives such as transport allowances and refreshment are no longer provided to PEs and peers. This subsequently culminates into an exit strategy which involves gradual handing over of the programme to communities as key drivers of the programme implementation. The exit strategy guarantees community ownership, continuity and sustainability of the programme which will lead to behaviour maintenance.

Under this approach the key mandate for the CSOs and the PSRHH field team during the period is to ensure and facilitate the continuation of PEP related activities at the sites by supporting the CBOs to anchor and implement the activities. This is based on the premise that CBO formation, development and sustainability are major components of the peer education plus model. Accordingly the CBOs are usually a group of PEP trained peer educators, peers and their influencers who have worked and related together for the period of not less than one PEP programme cycle. These CBOs engage with their

communities by providing viable, transparent and accountable organizational framework/ structure for continuing PSRHH programme activities in the sites. The formation of CBOs is one of the key outcomes of the PEP which happened at the end of the intensive and phase down stages to ensure continuous education of general population at the sites on issues of HIV/AIDS and other reproductive health issues through an intermix of PEP programme activities.

A strengthened CBO creates an enabling environment for behaviour change and behaviour sustenance among the target communities within the sites including HIV/AIDS stigma reduction. The CBOs under the behaviour maintenance strategy support the provision of HIV/AIDS, MCH and FP products at the sites by becoming outlets for social marketing of PSRHH products including condoms, Lubrica, water guard, and LLITNs. The CBOs also provide and facilitate counseling, information and referrals to general public on HIV/AIDS, FP and STIs including linkages to support groups and appropriate health facilities. The group serves as outlet for the distribution of Strategic Behaviour Change Communication materials on reproductive health issues within the sites.

3.0 STRATEGIES FOR PROMOTING BEHAVIOUR MAINTENANCE

3.1 Strategic Approach and Principles

The underlining principles guiding this strategy are as follows:

- Facilitating the implementation of RSH, HIV & AIDS education and information sharing anchored by the CBOs among the various target groups in the sites using peer education; Inter-Personal Communication; outreaches, and other special events. The peer education activities at the BM phase is not in any way akin to peer education of the intensive intervention phase. Behaviour maintenance peer education follows the phase down stage with the activities monitored by the CBOs. CBOs could use their regular meetings as an avenue for learning and discussions on RSH, HIV & AIDS using the target specific PEP manuals, thus ensuring sustainability and scalability of PEP model.
- CBOs engage with other community-based social networks and groups in the sites to reach wider community. – CBOs could engage with social groups like churches, mosques, age groups etc which are easy to mobilize, have established structures and meetings or programmes that can be bought into.
- Linkages of CBOs with other stakeholders and funders – CBOs linkages to local funding sources like LACAs, SACAs and other donors that work at community level to boost their resource base and to enable them access technical assistance is essential. Collaborations with other development-focused groups for the implementation of development activities at the communities. In the same manner, the final open community meetings meant to be used as an opportunity to hand the CBOs back to the communities

should be maximized. This will ensure that the community leaders and the community at large take responsibility for the CBOs continuity and sustenance.

- The RSH, HIV & AIDS needs of males and females should be prioritized in the design and implementation of the BM activities thus effectively mainstreaming gender into programmes anchored at the community level by the CBOs. Besides females participation in the CBOs' at all levels including leadership should be encouraged and promoted while specific female targeted programmes should be vigorously pursued. To this end, gender training for CBOs will be necessary in raising gender awareness and promoting female inclusion.
- Encourage income generating activities by exploring possibilities for CBOs inwardly and also leveraging available community resources. The use of the CBOs offices as outlets to stock and sell products like water guard, condoms, and other income yielding commodities that could increase their sources of revenue could be explored. CBOs or their members could be linked to economic empowerment initiatives like micro-credit facilities, skills acquisition and entrepreneurship training, etc supported by government or other NGOs to help address the issue of poverty among CBO members in the community.
- CBOs engage in other community development activities to leverage community support by expanding the scope of their activities beyond RSH, HIV & AIDS. This will lead to the CBOs contributing towards the meeting of their community's other development needs, thereby increasing the CBOs acceptability and relevance within their communities.
- Willingness to volunteer – Members of the CBOs must demonstrate some level of commitment to the programme which can contribute to the sustainability of their organization.

3.2 Strategic Goal

The overarching goal of this strategy is to ensure the sustenance of behaviours conducive to sexual and reproductive health among poor and vulnerable populations in PSRHH intervention sites.

3.3 BM Strategy Objectives

Towards achieving the goal, there are four main objectives. These are:

- Strengthen institutional and organization structures and systems of the CBOs as avenues for support towards sustaining improved sexual and reproductive health knowledge, attitudes and behaviour
- Reinforce the skills and competencies of PSRHH communities on safer sexual and reproductive health practices.

- Ensure availability, accessibility and affordability of safer sex and reproductive health products and services in PSRHH sites.
- Create enabling environment requisite for sustaining PSRHH activities including functionality of the CBOs.

3.4 Roles of Partners in Implementing Behaviour Maintenance Activities

The Table below gives an overview of the roles and responsibilities of each stakeholder in the PSRHH Behaviour Maintenance.

Table 2: Roles and Responsibilities

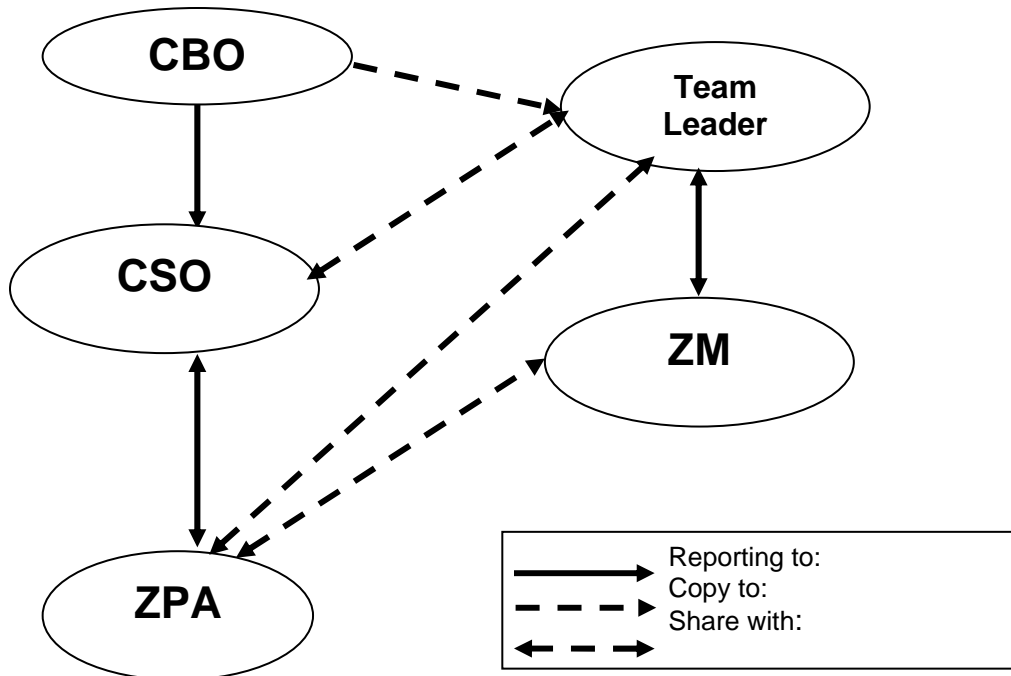
CBO	CSO	AAN	SFH
<ul style="list-style-type: none"> ✓ Development of work plans ✓ Behavior maintenance <ul style="list-style-type: none"> ▪ peer sessions ▪ Advocacy ▪ WWI ▪ exchange visits ▪ town hall meetings ▪ special events ▪ step down training ▪ PM&E ▪ product sales ▪ report writing ▪ Community drama ✓ Referrals 	<ul style="list-style-type: none"> ✓ Training of CBOs ✓ Monitoring programme implementation ✓ Working with influencers ✓ Drafting budget ✓ Mentoring of the CBOs ✓ Advocacy ✓ Drawing up activities ✓ Strengthening CBO coalition ✓ Referrals ✓ Submission of monthly and financial reports ✓ Submission of quarterly PM&E reports ✓ Provision of office furniture to CBOs 	<ul style="list-style-type: none"> ✓ Development of MOU with CSO ✓ Grant management ✓ Selection and verification of CBOs to CSO ✓ Monitoring of Behavior maintenance activities e.g. Refresher trainings, WWI and special events etc ✓ Capacity building for CBOs and CSO on identified gaps ✓ Ongoing mentoring and coaching ✓ Documentation and facilitation of linkages to donors 	<ul style="list-style-type: none"> ✓ Providing of TAs to CBOs and CSO on social marketing of products in the sites ✓ Support the strengthening of coalition of CBOs in the region ✓ Working with SACA and other partners to sustained an enabling environment ✓ Documenting update on status of CBOs ✓ Tracking of referrals at health centers level directly and

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		<ul style="list-style-type: none"> ✓ Support CBOs to develop sustainability plans 	<ul style="list-style-type: none"> at the community level through the CSO ✓ Linkages to other donors for CBO funding ✓ Road shows
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In the next cycle therefore, CBO shall report to CSO partners who in turn shall report to AAN but copy in SFH regional team on monthly reports. At the support level, the Zonal Manager and Zonal Program advisor will share monthly reports on behaviour maintenance activities in the zone. This simple reporting line is presented in figure 1

Figure 1: BM Reporting Lines for both the CBOs & CSOs



3.4.1 The Expected Roles of CBOs in PSRHH BM Programme

The CBOs are expected to sustain behaviour change among target groups in the sites by:

- Providing a viable, transparent and accountable organizational framework/ structure for continuing programme implementation in PSRHH sites;
- Carrying out continuous education of general population at the sites on issues of HIV/AIDS and other reproductive health issues through a variety and/or intermix of programmes
- Creating an enabling environment for behaviour change and behaviour sustenance among target communities and sites including HIV/AIDS stigma reduction
- Promoting HIV/AIDS and FP product availability at the sites by becoming outlets for social marketing of PSRHH products including condoms, Lubrica, water guard, LLITNs, etc
- Providing counseling, information and referrals to general public on HIV/AIDS, FP and STIs including linkages to support groups and appropriate health facilities
- Distributing IEC materials on reproductive health issues within the site
- Mobilizing local resources and raising funds for implementing relevant activities that will reduce the prevalence of HIV/AIDS, unplanned/teenage pregnancies, STIs, etc and mitigate their impact on poor and vulnerable populations in the sites
- Networking and partnering with other reproductive health-related agencies, organizations and NGOs/CBOs to improve on the reproductive health of the target communities
- Assisting in PM&E processes for assessing programme impact at the sites
- Documenting and reporting on PSRHH activities at the sites including success stories on a regular basis.
- Designing and implementing other pro-poor development and health related projects in the community that will meet their strategic and practical needs

3.5 Mentoring and Support for the CBOs in PSRHH Programme Sites

To ensure that the CBOs are adequately empowered and strengthened to carry out the expected roles outlined above, the CBOs need to be provided mentoring support by the CSO partners, SFH regional teams and the SFH Zonal Manager with the AAIN ZPA providing a lead.

1. The CBOs need to be networked into grassroots coalitions at regional levels. The networks should be inaugurated and their meetings or

- secretariats hosted by the CSO partner's office or SFH Regional Offices where appropriate.
2. The CBO network for each region should meet at least once every 2 months to share experiences, plan activities and report on their activities.
 3. During the CBO network meetings, they should be provided with capacity building in any area of need agreed upon by the field team (for just 1-2 sessions of training) e.g. advocacy, gender mainstreaming, use of participatory tools, community mobilization, etc.
 4. The ZPA should provide technical support for the process, and should visit CBOs along with CSO partners during field mentoring support visits.
 5. CSO Partners should visit CBOs once a month, and should attend and provide support during their monthly activities or programme events.
 6. The CSO Partners should support and provide once in two months one-day refresher training for PEs in the CBOs based on the PEP Model training manuals.
 7. CBOs should be linked up to other training and capacity building opportunities from other agencies like SACA, donors within the States that work with CBOs.

3.6 Basic Needs and Institutional Support Required By the CBOs in PSRHH Programme Sites

- Registration fees (Counterpart contribution only)
- Office Space (Rents contributions for 6 – 12 months only)
- Office Furniture including:
 - 1 office table (2x4 ft)
 - 4 padded table chairs (without arms)
 - 25 branded plastic seats for group meetings
 - 5 ledger notebooks for various record keeping purposes
 - 1 ceiling fan
 - 10 box file folders for storage of documents
 - Sign Post & Branding
 - 1 shelf for keeping files and IEC materials
 - 1 floor carpet (plastic)
 - Promotional items, IEC materials and resource manuals

- Seed grants for programme implementation (based on detailed work plans/proposals) for 12 months duration only.

3.7 Assessing and Meeting Capacity Development Needs of Emerging CBOs

Most CBOs require capacity building as an on-going process. Structured training programmes therefore need to be designed and delivered on a number of capacity areas based on needs assessment.

Areas for initial capacity development to enable the CBOs perform optimally include:

- Developing a Standard Voluntary Organization/CBO Constitution
- Identifying CBO Leadership Functions and Executive Portfolios
- How to Recruit Members and Keep them Active in a Voluntary Organization
- Procedures and Skills for Holding Effective Meetings
- Efficient Office Administration and Book Keeping Practices for Voluntary Organizations and CBOs
- How to Organize Community-based Programmes and Educating Events
- HIV/AIDS Programme Designing: Needs Assessment and Proposal Development
- Effective Communication Skills
- Basic Accounting, Budgeting and Financial Management for Voluntary Community-Based Organizations
- Social Mobilization – advocacy, community mobilization and social marketing skills
- Gender mainstreaming
- Use of participatory tools, etc.
- Introduction to the PEP Models – Training Manuals and How-to-do toolkits
- Documentation including Proposal and Report Writing
- Action Planning

4.0 CONCLUSION

The implementation and sustainability of PSRHH BM activities to a large extent depend on the viability of the CBOs being mentored by the CSOs with AAN and SFH support. The BM activities thus recognize this and build on the developed functional work plans of the CBOs to achieve the BM objectives.

Appendix 1

SWOT ANALYSIS OF CBOs' IN PSRHH BEHAVIOUR MAINTENANCE

Strengths of CBOs:

- **Proximity to sites** – they are close to target communities, and will not need to pay transportation to attend activities. Also, they are familiar with project physical and socio-cultural environment.
- **Capacity in Peer Education and PM&E** – PEs and CBO members have already been trained using the PEP model toolkits, and they are already familiar with issues and methodologies being deployed, including Peer Education and PM&E strategies. They therefore have the basic capacity required for behaviour sustenance compared to other non-PSRHH CBOs.
- **Existing Community Structures** – Communities already have existing structures for leadership and information dissemination/communication required for community mobilization.
- **Interest & commitment to programme** – Both PEs and CBO members have demonstrated vested interest and commitment to the programme as evident in the sacrifices some of them are ready to make without external support. There is some level of ownership by CBOs who see themselves as key stakeholders in the fight against HIV/AIDS in their communities.
- **Presences of personnel/membership** – CBOs have large membership including the PEs and their peers. Each CBO has a potential for over 200 members if all these primary constituencies are adequately mobilized and involved. This therefore guarantees a large pool of human resources for behaviour maintenance activities.
- **Community support (donating offices)** – Some of the CBOs are enjoying enormous community acceptance and support as evident by some communities donating offices to these CBOs, and community leaders making personal commitments to ensure sustainability of the CBOs.
- **Good acceptance by/relationship with community** – Most of the CBOs are highly accepted within the communities, and they have cordial relationships with community members. This gives them a lot of credibility and potential for influences community-wide behaviour change.
- **Good knowledge of Sexual Reproductive Health (SRH) & HIV/AIDS** – Having been trained on various modules bordering on SRH & HIV/AIDS issues during intensive phase of PSRHH, most PEs and their peers in the CBOs are well conversant with these issues and have also gained life-building skills to enable them change and maintain healthy behaviours within the communities.
- **Common culture, language & religion (socio-cultural homogeneity)** – Most PEs and their peers come from the same background. There is therefore an inherent socio-cultural homogeneity in the constitution or make-

up of the CBOs, and this goes a long way to promote community acceptance, minimise conflicts and enhance relationships, communication and sustainable programming.

Possible Weaknesses of CBOs

- **High expectations from communities and CBO** – Both communities and CBOs expect incentives for continued participation in activities, and expect same commitment from PSRHH at phase down as was during intensive phase.
- **Non indigenous membership** – In most CBOs, members are made up of non-indigenes and this sometimes poses a challenge in terms of mobilisation for community involvement. This is particularly true in community settings that are non-traditional and transitory in nature, especially commercial settings where people do not actually live in the site but just come there for business in the day and then go home at close of business. In some cases, those who live at the sites are not indigenous.
- **High Rate Of Attrition and Migration from CBOs and Communities** – There is frequent movement among the out-of-school youths especially when they finish learning their trades, or when they gain admission into higher institutions or simply in search of greener pastures.
- **Influence of Trade Masters and/or Mistresses** – Most youths, especially females, are constrained from participating from their CBO activities by their influencers – Masters and Mistresses, who do not see the programme as a priority compared to their economic activities being managed by the youths.
- **Weak capacity in programme and financial management** – though capacities of the CBOs have been built in most areas, they still lack experience in programme and financial management.
- **Intangible benefits for community** – Most communities do not see the programme as beneficial because of their emphasis on service delivery and high expectations on projects with tangible benefits. This reduces community involvement and support when these expectations are not met.
- **Low willingness to volunteer** – Most youths and other target groups who participate in the programme are unemployed, and try to do other things to support their livelihoods. Where there are no monetary benefits, their commitment to the programme diminishes especially during phase down stage when incentives and transport allowances and refreshment are no longer provided to PEs and peers.
- **Low Capacity for Resource Mobilization** – Most CBOs have laudable programme plans but lack the ability to raise funds to execute them. This is because of the endemic poverty that is prevalent in their communities, their lack of skills to write and submit good proposals to potential donors, and

inability of members to make personal financial contributions to the organizations. This leads to high dependence on PSRHH, thereby raising serious concerns about sustainability.

Opportunities CBOs have in the Community:

- ◆ **Availability of private and public sector support from Government and companies** – Most CBOs operate in environments where corporate organizations could provide support as a matter of social responsibility to the community, and where State and Local Government Action Committees on AIDS are available to provide financial and technical support to their activities.
- ◆ **MCH as potential entry point and integration** - Most communities are more receptive to MCH interventions like Malaria Prevention, treatment of drinking water, etc, and this offers an easy entry point for communicating sexual reproductive health messages and changing behaviour.
- ◆ **Availability of mentoring support by CSOs and field teams** – CBOs have CSOs and field teams including SFH regional staff and ZPA to provide mentoring support and capacity building that will improve on their performance and enhance their sustainability.
- ◆ **Availability of IEC materials** – CBOs have ready access to IEC materials and condoms from SFH field offices that are needed to sustain behaviour change in the communities.

Possible Threats to CBO Sustainability:

- ◆ **Unwillingness of some donors' to work with nascent CBOs** – Most donors are unwilling to support activities of new CBOs that have no experience in programming. Similarly, Requests for Proposals (RFPs) require CBOs and NGOs with several years of experience, staffing, audited accounts, and other high profile requirements that these new CBOs are unable to meet. This limits their chances of accessing funds.
- ◆ **High mobility of community/CBO members:** sometimes, due to external influences, transfers, policies that displace community members e.g. relocation of parks, expulsion of civilians from barracks, CBO members are forced to relocate, and in some cases, could result in complete extinction of the CBO. For example – demolition of some sites and other man-made and natural disasters.
- ◆ **Community clashes, conflicts, violence etc** – Sometimes, programmes and activities within the communities are brought to a complete halt by violence and conflicts within the communities, posing security problems for programme staff and CBO members.

- ◆ ***Interferences with programme by other projects with higher incentives*** – In some States, other programmes could be offering more incentives than PSRHH, causing PEs and peers to compare, complain and sometimes out rightly refusing to participate in the programme.